



What if you had to choose between food, heat or medicine?

It's not something we really want to think about, but some people in our community have to make such difficult decisions every day.

Paying for home heating and cooling can be especially difficult for low-income families. As energy costs have risen, keeping up with utility bills has become even harder for our neediest neighbors.

There's a way to help...

Neighbors Helping Neighbors is a local program of the United Way in partnership with Danville Utilities and the City of Danville Social Services Department that offers financial help and energy education for local families who need assistance paying their utility bills. Families must meet certain qualifications and are only allowed to receive financial assistance once per year.

434.792.3700

WWW.DPUWAY.ORG/NHN



NEIGHBORS HELPING NEIGHBORS

Here are four NEW ways to contribute to your neighbors in their time of need!

- 1. You can regularly round up your bill to the next dollar and contribute the difference to NHN!**
Example: \$115.25 rounded to \$116.00. 75¢ donated to NHN. (Process repeated monthly)
- 2. Include a one-time contribution with your utility bill.**
Example: \$50 one-time contribution included with bill
- 3. Request a specific amount for NHN to be billed on your utility bill each month.**
Example: Request that \$5 be added each month to your bill designated for NHN (Process repeated monthly)
- 4. Make a direct contribution to United Way for Neighbors Helping Neighbors.**

100% of all NHN donations go directly to assist families in need and are tax deductible. No administration fees are deducted.

I'd like to help my neighbors!

Name of Account Holder _____

Account Number _____

Address _____

Signature _____

Telephone Number _____

- ☐ **Option 1:** Please round up my bill to the next dollar beginning ____/____/09 and ending ____/____/09 for a period of ____ months.*
- ☐ **Option 2:** My one-time payment of \$_____ was included with my bill.
- ☐ **Option 3:** Please bill my account an additional \$_____ beginning ____/____/09 and ending ____/____/09 for a period of ____ months.*

**For options 1 and 3, I understand I can change the terms of the recurring contribution by calling the Customer Service Office at (434) 799-5155.*

Please return this portion with your bill.